

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022654

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128  
FILED JUL 2 1962

Primary Registration District No.

2000

Registrar's No.

924

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield

Length of stay in 1b

2 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Springfield Baptist

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Laclede

c. CITY

OR TOWN

Lubanon

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Smith Road

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Lucy

Middle

MUSTAIN

Last

MUSTAIN

## 4. DATE OF DEATH

Month

June

Day

11

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-21-1887

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Domestic

## 11. BIRTHPLACE (City and state or country)

Hugo, Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Isaac Scalford

## 13b. MOTHER'S MAIDEN NAME

Katharine McComb

## 14. NAME OF HUSBAND OR WIFE

J. W. Burham's

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Willie Eggard, Conway, Mo.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Vascular accident

## INTERVAL BETWEEN ONSET AND DEATH

4 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arteriosclerosis

Unlit.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ASIA &amp; Acute Myocardial Infarction, Fall of Pelvis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Apr 1962 to 9/11/62 and last saw her alive on 6/11/62  
Death occurred at 1 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Springfield Mo

## 22c. DATE SIGNED

6/22/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

6-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

Stoutland Cemetery

## 23d. LOCATION (City, town, or county)

Stoutland Missouri

## 24. FUNERAL DIRECTOR

Palmer Funeral Home

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Effie E. Melton

T. E. COCHRAN  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 12 1962

Permit issued 6-11-62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewin Schurpf

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.